



## Minutes

### SIM Steering Committee Meeting

Thursday, January 28, 2016 – 5:30 p.m. to 7:00 p.m.

Hewlett Packard Offices, Conference Room 203

301 Metro Center Blvd, Warwick, RI 02886

#### SIM Steering Committee Attendees:

<b>Blue Cross Blue Shield of Rhode Island:</b> Gus Manocchia, MD
<b>Neighborhood Health Plan of Rhode Island:</b> Lynn August
<b>Tufts Health Plan:</b> Patrick Ross
<b>United Healthcare of New England:</b> Patrice Cooper
<b>Lifespan:</b> Mark Adelman
<b>Care New England:</b> Alex Speredelozzi
<b>South County Hospital:</b> Lou Giancola
<b>CharterCARE:</b>
<b>Coastal Medical:</b> Al Kurose, MD
<b>RI Health Center Association:</b>
<b>Rhode Island Medical Society:</b> Peter Hollmann, MD
<b>RI Council of Community Mental Health Organizations:</b>
<b>Drug and Alcohol Treatment Association of Rhode Island:</b>
<b>RI Kids Count:</b> Elizabeth Burke Bryant
<b>Rhode Island Foundation:</b>
<b>YMCA of Greater Providence:</b> Jim Berson
<b>Executive Office of Health and Human Services:</b> Elizabeth Roberts
<b>Department of Health:</b> Ana Novais
<b>Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH):</b> Rebecca Boss
<b>Office of Health Insurance Commissioner (OHIC):</b> Kathleen Hittner, MD
<b>HealthSource RI (HSRI):</b>
<b>Office of the Governor:</b> Sam Marullo
<b>Rhode Island Primary Care Physicians Corporation:</b> Andrea Galgay
<b>Carelink:</b>
<b>Rhode Island Business Group on Health:</b> Al Charbonneau

#### State Agency Staff:

**Executive Office of Health and Human Services:** Tom Martin, Cheryl Wojciechowski; Kim Paull; Hannah Hakim; Elizabeth Shelov; Amy Zimmerman; Melissa Lauer; Anya Rader Wallack

**Department of Health:** Samara Viner-Brown; Mike Dexter; Sandra Powell; Ailis Clyne, MD

**Office of the Health Insurance Commissioner:** Cory King; Sarah Nguyen

**SIM:** Marti Rosenberg

#### Other Attendees:

Alok Gupta, Laura Adams, Elaine Fontaine, and Scott Young (Rhode Island Quality Institute); Debra Hurwitz (CTC-RI); Ira Wilson (Brown University); Steve DeToy (RIMS); Lisa Tomasso (TPC); Kara Butler (Healthcentric Advisors); Patricia Flanagan (PCMH-Kids); Jim Beasley (RI Kids Count)



## 1. Welcome and Introductions

The meeting was convened at 5:30 p.m. by Lou Giancola, SIM Steering Committee Chair and CEO of South County Hospital.

## 2. Review October Meeting Minutes

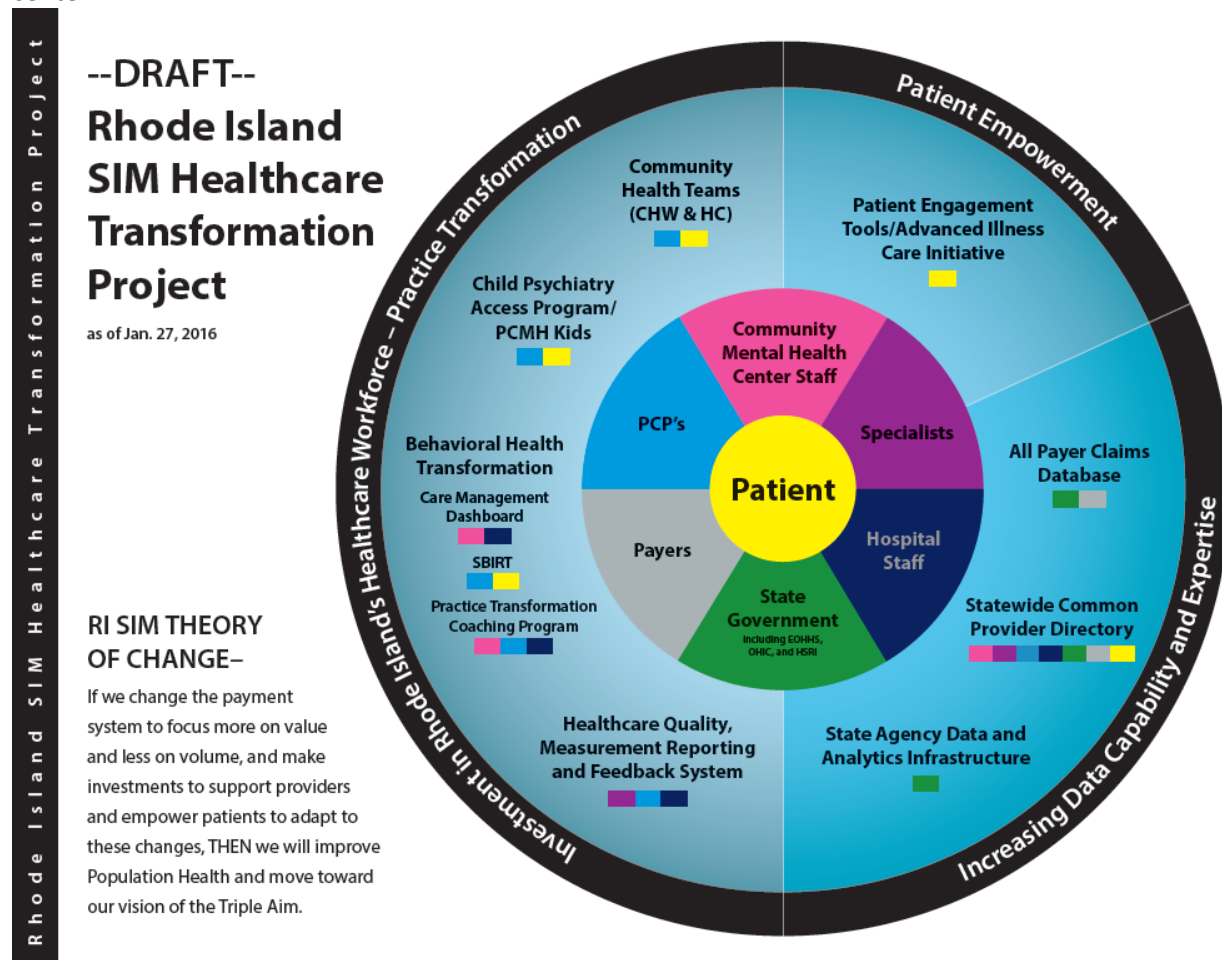
No meeting minutes were reviewed.

## 3. Brief Administrative Updates

This meeting is an extra meeting to present a strawman to the Steering Committee.

## 4. Continue the SIM Strategic Discussion to make Funding Decisions

Ms. Rosenberg presented a new draft approach to frame the SIM project as three main buckets: Investment in Rhode Island's Healthcare Workforce – Practice Transformation; Patient Empowerment; and Increasing Data Capacity and Expertise. All of this is framed with a focus on patients being in the center.



The colored boxes refer to whom in the system is affected the most; however, every project really affects everyone in the system.



Ms. Rosenberg presented each section.

## **INVESTMENT IN RHODE ISLAND'S HEALTHCARE WORKFORCE – PRACTICE TRANSFORMATION**

**Community Health Teams:** Creating 3 new CHTs, investigating the need for more formal CHW certification, incorporating both Community Health Workers and Health Coaches in the teams, and training providers to better incorporate CHTs in their practices - \$2,000,000

**PCMH Kids/Child Psychiatry Access Program (CPAP):** Operational funds required to provide PCMH kids participants with facilitation, data aggregation and analysis, and patient experience survey necessary for practice transformation (\$500,000); Support a children's mental health consultation team designed to increase the capacity of PCPs to meet the needs of children with behavioral health issues. Program provides consultation on diagnoses, medication and referrals to treatment; trains PCPs increasing their capacity to deal with behavioral health issues as appropriate in the primary care setting; and improves access to higher level care for children with psychiatric illnesses, as needed.

Further comment by those in the room clarified that PCMH kids and CPAP are closely linked because in order to have a successful PCMH, pediatricians need help with pediatric patients who have behavioral health needs.

**Behavioral Health Transformation:** This would include SBIRT to facilitate early identification and intervention with substance use disorders; care management dashboard for CMHCs (provides alerts on hospital admissions and live understanding of who is in the hospital, etc.) and a Practice Transformation Coaching program for integrated Health homes to establish an integrated continuum of care for individuals with Serious Mental Illness. \$2,200,000

Ms. Boss talked briefly about how the CMHCs just went through a transformation to incorporate new evidence-based practices, including the use of new metrics for which there will be financial incentives/penalties based upon performance. To date there has not been a lot of support in making this transition and this will be providing that coaching that many other states have provided.

SBIRT can be done several ways: Implemented in practices; HR to be embedded in the practice; integration of the SBIRT tool into the EHR; Resources to help provide expedited referrals for treatment. This is also a universal screening, not only for those with potential risk.

The general practice assistance money, was cut out of the budget to be redistributed across multiple buckets because many of these buckets address practice assistance.

**Healthcare Quality, Measurement Reporting, and Feedback System:** Reduce the reporting burden on providers by establishing a data intermediary to accept, calculate, benchmark and feedback quality reporting data to providers; send quality measures to payers, etc., and publically report quality measures to support making informed healthcare decisions. There would also need to be training involved in this to help providers learn how to use it. \$1,750,000.

Many states across the country have created these systems, and thus we can very likely leverage something that already exists rather than build from scratch. We will be asking CMS for some technical assistance to help with strategies to budget and develop this.



## **PATIENT EMPOWERMENT**

**Patient Engagement:** Provide patient access to tools that increase their engagement in their own care, including advanced illness care. Create the infrastructure to allow patients to more easily share their advanced care directives and healthcare proxies. Other patient engagement tools may include health risk assessments and tools that measure behavior change readiness. Training for providers to help them better work with their patients. \$2,200,000.

Ms. Rosenberg stated that data show that patients are healthier when more engaged in their care. Providers concerned they should not be help accountable for what is beyond their control. We do not have the details hammered out for this bucket, but have a few ideas for priority funding, such as health risk assessments, tools that measure behavior change readiness, and/or a central advanced directives registry to be available electronically.

Dr. Kurose mentioned that patients are empowered too if patients begin to get information on quality and cost. Secretary Roberts comments that this may be an area to ask payers to help contribute.

## **INCREASING DATA CAPABILITY AND EXPERTISE**

**Implement and Use the Statewide Common Provider Directory:** Consolidate provider data from multiple sources into a single “source of truth” record, maintain real-time and historical provider to organization relationships; use provider relationship data in evaluation of VBP and quality measurement, create a public portal to search for and locate providers; provide mastered provider data extracts to integrate into state systems. \$1,500,000

**All Payer Claims Database (HealthFacts RI):** Support and maintain HealthFacts RI data collection and validation, analytics, and report development, and making data available for use. Already funded at \$2,039,673

**State Agency Data and Analytics Infrastructure:** Foundational funding to modernize the state’s current Human Services Data Warehouse – and to create a data ecosystem that will be integrated; that will use analytics tools, benchmarks, and visualizations; and that will allow RI’s policy needs to drive the analytics. \$1,800,000

## **OTHER EXPENSES:**

Staffing across 5 agencies (reduced due to starting later than expected): \$3,000,000

Vendor: \$1,600,000

Evaluation: \$700,000

Travel and Supplies: \$60,000

## **Comments and Discussion:**

- Mr. Giancola commented that the Measure Alignment Process is not called out in this because it is part of the vendor contract and already ongoing at this time.
- Dr. Kurose questions if we are missing a component about tracking and measuring the changes in the payment system. He emphasizes the importance of tracking over the next few years what is working and not working and sharing that information.



- Mr. Berson comments that there are many way to change the system and this group could help push how it is changed.
- Dr. Hittner mentions that OHIC regulations are pushing payment transformation and also OHIC will be monitoring them. She also noted that the data elements in this plan include the ability to measure that. There are targets in mind both for ourselves and the federal government. The things presented here are focused on things we believe will help get the change done in the delivery system.
- Mr. King described how OHIC has baseline data for 2014, and will update that every year working with the payers. There is also an opportunity for a learning collaborative. Mr. Charbonneau also suggests looking back to understand what we have accomplished to date.
- Ms. Rosenberg points out that there is \$700,000 in the budget (an increase from \$250,000) for evaluation. Ms. Rosenberg described how the grant requires both a federal evaluation process and a state evaluation process and the two groups will work together to not duplicate the evaluation work. She noted that \$700,000 may well be enough to pay for the project-end evaluation and the research that Dr. Kurose suggested.
- Mr. Giancola also mentioned the importance of supporting health policy planning at the state.
  - Secretary Roberts confirms a commitment to start a central health policy planning process that incorporates more real data.
  - Ms. Rosenberg noted that in the vendor line item there could be some resources for planning.
- Mr. Berson mentioned the suggested incorporating the pieces of the theory of change model into the diagram, emphasizing the connection to primary care, and the need for sustainability models because we have a lot of funding up front but no plan for after that. He suggested that it also be clear how this is aligned with the disease states we are most focused on improving.
- Ms. Rosenberg pointed out that the diagram shows colored boxes indicating the connection to primary care. She suggested asking the vendor to define what happens in year 5 and how the disease states connect to the project.
- Ira Wilson mentioned that the majority of doctors in the state do not have the organizational structure to help them operationalize payment reform, and asks if there is some theory about how this process might help facilitate that, because it is not so simple.
  - Dr. Hittner emphasized that this is not the only thing going on in the state to help achieve our goals. There is a lot of work and discussion going on exactly about that.
- Dr. Kurose talked about how this work is a catalyst because it is not enough dollars alone. Dr. Hittner added that having this group together in one room is a catalyst, along with the multi-payer work in the CTC.
- Throughout the discussion, several committee members noted that this framing of the activities made sense, and that with some more work, this could be a good way to move forward with Rhode Island's SIM decision-making.

#### **NEXT STEPS:**

Staff will continue to fill out the driver diagram and take a stab at metrics. Ms. Rosenberg noted that this is part of the project which will need the vendor to help us figure out and acknowledged that the metrics would be draft until they can get to work on them. The next column of the driver diagram, which was not included on the handout given to the Committee, is specific interventions to go more granular to explain the big pieces. We will start with that and get it out before the next meeting.



Throughout the meeting, items which are to be discussed in the future were placed in the “parking lot.” Those items were:

- How to specifically divide the Behavioral Health funding
- Calling out Behavioral Health integration into PCPs
- A general question of “how much will we know before we commit the money?”
- Need more information on the ideas for investing in Patient Engagement – training, transparency tools?
- Does studying/tracking changes in the payment system need additional money allocated for it?
- How can we fit Planning Resources into the Driver Diagram?
- Need to more fully integrate regulatory levers into the description (FYI – they are in the Driver Diagram)
- Need to look at year 5 of the project – sustainability beyond SIM funding
- How will what is proposed here affect disease impacts, social determinants and equity?
- Where will the Community Health Teams money be spent? On small 1 and 2 provider practices or bigger practices?
- Investment as a catalyst in market evolution/ along w/ multi-payer initiatives.

Ms. Rosenberg noted that with the agreement that On February 11, we hope to make some decisions.

## **5. Public Comment**

Deb Hurwitz commented that the circle around the patient does not talk about social services.

## **6. Adjourn**

The next meeting will be on February 11, from 5:30 to 7:00 at 301 Metro Center Blvd.

With no further business or discussion, the meeting adjourned at 6:50 pm.

Notes prepared and respectfully submitted by:

Melissa Lauer, MPA  
HIT Specialist  
Executive Office of Health and Human Services  
February 1, 2016